

## Men's attitudes about seeking health care may put them at risk, conference told

Jill Rafuse

**Résumé :** Au cours d'une récente conférence sur la santé masculine qui a eu lieu à Ottawa, on a mis en garde les médecins et d'autres professionnels de la santé contre la répugnance fréquente des hommes à se faire soigner. Quand ils finissent par se décider, leur état peut s'être détérioré trop avant. «Si les hommes avaient la même espérance de vie et le même intérêt pour la santé que les femmes, la situation serait peut-être moins inquiétante», dit Danielle Nahon, présidente de la clinique pour hommes de l'Hôpital Civic d'Ottawa. «Mais il en va autrement et les hommes meurent prématurément.»

**M**en seem to be socialized to "tough it out" when their health is threatened by illness, physical complaints or mental distress, and they often fail to seek care when it could be most beneficial, health care professionals attending a recent 1-day con-

ference in Ottawa were told.

Danielle Nahon, PhD, chairperson of the Men's Clinic at the Ottawa Civic Hospital, told a conference on health care for men that this attitude — to avoid seeking help as long as possible — poses a serious threat.

"If men had the same life expectancy and health concerns as women, perhaps it wouldn't be such a worry," she said in an interview after the spring conference. "But they don't. Men are dying early."

Morbidity statistics indicate that men in their 40s and 50s have more serious diseases and conditions than women of the same age, many of which are related to gender-role behaviour, she said. Young men are more at risk for car accidents, for instance, and men's tendency to internalize stress puts them at greater risk for suicide, heart conditions and diseases related to smoking and alcohol abuse. As well, men's cancer survival rate is lower than women's, partly because their condition has often progressed disastrously before they seek care.

"Men are not sanctioned to acknowledge their physical or psychological complaints," Nahon said. "It's a social attitude, held by

both men and women, that really must change. It puts men and their health at very high risk."

The only two medical specialties that males access more frequently than women are orthopedics and pediatrics, she said. Data suggest that injuries related to sports and manual labour send males in search of orthopedic assistance, while boys needing pediatric care are taken to the doctor by their mothers. "Many men simply don't seek medical advice, or take action in preventive health care, unless it is absolutely necessary," said Nahon.

The women's health movement that was launched in the late 1970s has had a major political impact and focused attention on female health care issues. Nahon thinks there is a measure of "political incorrectness" when it comes to focusing on men issues, and this holds major implications for the financing of research. For instance, even though the number of deaths due to prostate cancer is approximately equal to the number of deaths caused by breast cancer, less money is spent on research or education involving the most serious men's health issues.

While there is no visible men's health movement, Nahon

*Jill Rafuse is an assistant editor in CMAJ's news and features section.*

suggested that much could be done to change society's attitude toward men's health. The perception that authority figures such as physicians and role models such as athletes are "health seeking" would go a long way toward giving men's health issues a higher profile, she said. Physicians — "the purveyors of social and health values" — should also consider their relationships with male patients and study the extent to which they promote preventive care, examine whether they encourage male patients to discuss nonmedical problems that may influence health, and openly sanction medical and psychologic treatment.

More than 80 physicians and other health care professionals attended the conference, the first continuing medical education session in Ottawa to focus entirely on health issues affecting men.

Dr. Mark Ujjainwalla, an addiction medicine specialist from Ottawa, said society's messages to men create a breeding ground for addiction, whether it be to alcohol, drugs, work, food, sex, gambling or exercise. He said men are told to be strong and powerful, to show no emotion, to refrain from asking for help. "Many people are willing to die rather than admit they need help," he said.

Medicine recognizes that addiction is a disease, he added, but society views it as a "character flaw." Treatment must not be confined to the physical component; physicians must help addicted patients deal with the emotional and spiritual aspects of addiction as well, addressing fear, anger, shame, intimacy, sexuality and identity. As addicts try to create a healthy lifestyle, physicians can promote recovery programs for group support, relapse prevention and anger management. "Recovery [from addiction] is a journey, not a destination," he reminded his audience.

Urologist Anthony Thijssen of Orleans, Ont., said prostate can-

cer — "the cancer of the '90s" — is now receiving the same high-profile scrutiny that breast cancer experienced 20 years ago. Data indicate that the lifetime probability of men developing prostate cancer is 38.4%; it and lung cancer are now the most common malignancies among men.

Thijssen said treatment options have improved for prostate cancer patients, but early diagnosis is essential. Urologists' associations in both Canada and the US recommend that males between the ages of 50 and 70 be examined annually.

Although there has been an explosion of interest in prostate disease, most of the education efforts and media attention have been directed at women, Thijssen noted. Drug companies evidently believe that the best way to have men seek medical attention for prostate problems is to educate spouses, daughters and partners.

Dr. Yoland Charbonneau, an Ottawa psychiatrist, said it is still not socially acceptable for North American men to seek psychiatric counselling for their emotional needs. However, men in psychologic crisis may have also have a physical complaint, such as stress-induced chest pain, and therefore visit a physician for treatment. "The physical complaint gives a man an excuse to seek professional help," he said. "Physical pain gives credibility to the complaint."

Two family practitioners from Orleans, an Ottawa suburb, surveyed 200 male patients and were surprised by their findings concerning patients' attitudes, hopes and concerns about health care. Dr. Gordon Riddle and Dr. Pierre L'Heureux described their study of male patients, who were generally healthy, middle-class men with an average age of 43.

Their findings raised many questions. Thirty percent of their patients reported being significantly depressed at some point in their lives, 10% to the point of

considering suicide. They wonder if physicians should ask more questions about patients' mental health. Forty-two percent of the patients were concerned about obesity and cholesterol. Do physicians routinely offer advice about these concerns? Forty percent admitted to being prejudiced. Should racial prejudice be a consideration if a physician is referring a patient to a consultant? A high percentage said their most positive life experiences were their marriage relationship and having children. Do physicians pay enough attention to the impact a marriage break-up may have on a male patient? The two doctors also discovered that only 44% of respondents indicated that they had a preference for male physicians. L'Heureux said he and Riddle were surprised by their findings and they now plan to expand their survey to four other practices.

Men are often apprehensive about their interaction with a physician, said Dr. Robert Dent. In his internal medicine practice in Ottawa, only 28% of the patients are male — and about 15% of them are brought by their wives. He has found that male patients are likely to have more difficulty and be more reserved about communicating medical information. Men are particularly inhibited about discussing sexual function, sexual orientation and sexually transmitted diseases, he added.

He suggested that physicians can improve communication with patients, both male and female, by removing physical barriers that separate them from patients, by using handouts and other written information to support oral instructions, and by indicating a genuine interest in helping the patient.

Other topics discussed at the April conference included male menopause and the impact of divorce on men. It was sponsored by the Men's Clinic at the Ottawa Civic Hospital. ■